

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986
Revised: December 1, 1991

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided.

Outpatient Hospital Services
Rural Health Clinic Services
Federally Qualified Health Center Services
Laboratory and X-Ray Services
Early and Periodic Screening, Diagnosis and Treatment
Family Planning Services
Physician Services
Private Duty Nursing Services
Optometrists' Services
Chiropractors' Services**
Other Practitioners' Services ** hearing aid dealers, audiologists
Home Health Services
Clinic Services
Dental Services**
Physical Therapy and Related Services**
Prescribed Drugs
Dentures**
Prosthetic Devices ** hearing aids, eye prostheses
Eyeglasses
Nurse Midwife Services
Targeted Case Management
Transportation
Nurse Practitioner Services

STATE	<i>Arkansas</i>	A
DATE RECD	DEC 30 1991	
DATE ADV	DEC 14 1992	
DATE EFF	DEC 01 1991	
HCFA 177	91-29	

*Description provided on attachment.

** These services limited to EPSDT.

TN No. 91-29
Supersedes
TN No. 91-28

Approval Date 12/14/92

Effective Date DEC 01 1991

HCFA ID: 0140P/0102A

State/Territory: ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

☒ Provided: ☐ No limitations ☒ With limitations*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and X-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided ☐ Not provided

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-06

Supersedes 91-64

TN No. 91-64

Approval Date 12/16/92

Effective Date 3/1/92

HCFA ID: 7986E

STATE	<u>Arkansas</u>
DATE RECD	<u>12-24-92</u>
DATE APPROV	<u>12-16-92</u>
DATE REC'D	<u>3-1-92</u>
HCFA 177	<u>92-06</u>

A

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-B
Page 2a
OMB NO:

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): _____

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations:

STATE <u>Arkansas</u>	A
DATE REC'D <u>JUN 14 1993</u>	
DATE APPVD <u>JUL 01 1993</u>	
DATE EFF <u>MAY 01 1993</u>	
HCFA 179 <u>93-22</u>	

*Description provided on attachment.

TN No. 93-22 Approval Date JUL 01 1993 Effective Date MAY 01 1993
Superseded 92-41
TN No. 92-41

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 3
OMB No. 0938-0193

Revised: July 1, 1991

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

b. Optometrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

c. Chiropractors' Services

☒ Provided: ☐ No limitations ☒ With limitations*

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☒ With limitations*

7. Home Health Services

Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

☒ Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TH No. 91-28
Supersedes
TH No. 91-23

Approval Date

11/19/91

Effective Date

7/1/91

HCFA ID: 0140P/0102A

STATE ARKANSAS
DATE REC'D JUL 07 1991
DATE APP'D NOV 19 1991
DATE EFF JUL 01 1991
HCFA 179 11-28

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 4
OMB No. 0938-0193

Revised: July 1, 1991

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations*
PA*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
PA*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☒ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
PA*

*Description provided on attachment.

TN No. 91-23
Superseded
TN No. 90-46

Approval Date JUL - 2 1991

Effective Date JUL - 1 1991

HCFA ID: 0140P/0102A

A	
STATE	JUL 10 1991
DATE REC'D	JUL - 2 1991
DATE APP'D	JUL - 1 1991
DATE EFF	JUL - 1 1991
HCFA 179	91-23

Revision: HCFA - Region VI
November 1990
REVISED: December 1, 1991

ATTACHMENT 3.1-B
Page 5

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- c. Prosthetic devices.
☒ Provided: ☐ No limitations ☒ With limitations*
PA*
- d. Eyeglasses.
☒ Provided: ☐ No limitations ☒ With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services,
i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Screening services.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Preventive services.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Rehabilitative services.
☒ Provided: ☐ No limitations ☒ With limitations*
14. Services for individuals age 65 or older in institutions for mental
diseases.
- a. Inpatient hospital services.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Nursing facility services.
☐ Provided: ☐ No limitations ☐ With limitations*
- *Description provided on attachment.

TN No. 91-59

Supersedes

TN No. 91-23

Approval Date

DEC 14 1992

Effective Date

DEC 01 1991

STATE	<u>Arkansas</u>
DATE RECD	<u>DEC 30 1991</u>
DATE APPROV	<u>DEC 14 1992</u>
DATE DEN	<u>DEC 01 1991</u>
NO. IN 199	<u>91-59</u>

A

Supersedes - 91-23

Revised: January 1, 1995

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

15. Services in an intermediate care facility for the mentally retarded, as defined in section 1905(d), (other than in an institution for mental disease for individuals who are determined, in accordance with section 1902(a)(31)(A) to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
PA*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 94-26
Supersede
TN No. 91-23

Approval Date JAN 17 1994 Effective Date JAN 01 1994

STATE <u>Arkansas</u>	A
DATE REC'D <u>DEC 12 1994</u>	
DATE APPV <u>JAN 17 1995</u>	
DATE EFF <u>JAN 01 1995</u>	
HCFA 179 <u>94-26</u>	

State/Territory: ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a) (19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*
☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z) (2) (F) of the Act.

☐ Provided: ☐ With limitations*
☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided: ⁺ ☐ Additional coverage ⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ⁺ ☒ Additional coverage ⁺⁺ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 94-22
Supersedes 94-12 Approval Date 9/15/94
TN No. 94-12

STATE <u>Arkansas</u>	A
DATE REC'D <u>9-12-94</u>	
DATE APP'D <u>9-15-94</u>	
DATE EFF <u>9-1-94</u>	
HCFA 179 <u>94-22</u>	

Revision: HCFA Form VI
May 1994

ATTACHMENT 3.1-B
Page 8

State/Territory: ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

STATE <u>Arkansas</u>	A
DATE REC'D <u>JUN 30 1994</u>	
DATE APPV'D <u>JUL 12 1994</u>	
DATE EFF <u>APR 01 1994</u>	
HCFA 179 <u>94-12</u>	

TN No. 94-12
Supersedes 91-54 Approval Date JUL 12 1994 Effective Date APR 01 1994
TN No.

Revision: HCFA - Region VI
October 1991

ATTACHMENT 3.1-B
Page 9

State/Territory: ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Services of Christian Science nurses.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Care and services provided in Christian Science sanatoria.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Nursing facility services provided for patients under 21 years of age.
☐ Provided: ☐ No limitations ☐ With limitations*
- e. Emergency hospital services.
☒ Provided: ☐ No limitations ☒ With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
☐ Provided: ☐ No limitations ☐ With limitations*

TN No. <u>91-54</u>	Approval Date <u>DEC 13 1991</u>	Effective Date <u>OCT - 1 1991</u>
Supersedes <u>91-23</u>		
TN No. <u>91-23</u>		
STATE <u>Arkansas</u>	A	
DATE REC'D <u>NOV 22 1991</u>		
DATE APPV'D <u>DEC 13 1991</u>		
DATE EFF <u>OCT - 1 1991</u>		
HCFA 179 <u>91-54</u>		